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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidation appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 101195-24
Application Number 09/817,387	Filed 03/26/2001	
For Chimeric Oligonucleotides and The Use Thereof		
Art Unit 1633	Examiner J.Epps-Ford	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate fee are as follows (check time period desired and enter the appropriate fee):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 <u>\$510*</u>
*Minus two months previously paid. \$510-225=\$285		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.26.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1263</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>25,900</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
<u>/SERLE I. MOSOFF/</u> Signature		<u>July 10, 2007</u> Date
<u>SERLE I. MOSOFF</u> Typed or printed name		<u>(212) 808-0700</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than on signature is required, see below.		

☒ Total of 1 forms are submitted.